

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/07/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEXINGTON OF ORLAND PARK

**14601 SOUTH JOHN HUMPHREY DR
ORLAND PARK, IL 60462**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210d)3) 300.1210d)5) 300.1220b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan	S9999		

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S9999	<p>Continued From page 2</p> <p>shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to perform a skin assessment when a shower was refused for 1 of 3 residents (R3) reviewed for pressure ulcers in the sample of 6. This failure resulted in R3 developing a pressure sore to the right heel and identified as a black, necrotic, and unstageable pressure ulcer measuring 1 centimeter (cm) x 1.5 cm.</p> <p>Findings include:</p> <p>On 12/1/15 at 11am, E4(Wound Care Nurse) and Z1(Wound Physician) performed wound care to R3's right heel pressure ulcer. The wound is covered with black tissue and Z1 removed the black tissue with a scalpel. Z1 stated R3 had a wound to the right heel a few months ago, but it healed. Nursing Admission Assessment 7/9/15 assesses R3 "at risk" to develop pressure ulcers based on the Braden Scale Assessment for Pressure Ulcer Risk. Wound Physician Note 8/4/15 documents an unstageable deep tissue injury to R3's right heel measuring 1.5 centimeters (cm) x 2 cm and recommendations for a sponge boot, float heels in bed, and off-load pressure to the wound are given. Nurse Note</p>	S9999		

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S9999	Continued From page 3 11/30/15 documents wound care was in progress to other wounds when E4 turned R3 and noted "what appeared to be an open blister with a black hardened wound base." Physician and family were notified, treatment orders received from the physician, and orders carried out. Treatment Record documents a weekly skin check was completed on 11/26/15. The last shower sheet 11/29/15 documents R3 refused a shower and a skin check was not completed. Last Braden Scale 9/29/15 is not filled out and there are no other Braden Scales since admission. Wound Physician Note 12/1/15 documents R3 is spending less time up in the wheelchair as recommended, now has a wound to the right heel, and R3 has had a wound to this site in the past. Recommendations are for a sponge boot, float heels in bed, and off-load the wound. Care Plan for the right foot brace 7/21/15 has an intervention to monitor for redness/skin integrity. Care Plan at risk for skin breakdown 7/22/15 is not updated when the right heel pressure ulcer is identified on 8/4/15 and no new interventions are put into place. Skin Care Plan 10/20/15 includes an intervention to check under the right foot brace during skin checks and monitor skin daily during skin checks and report changes. The skin care plan does not include interventions recommended by the wound physician on 8/4/15. On 12/1/15 at 11:40am, R3 stated there were no foam boots or heel protectors before 11/30/15. R3 stated her heels rest and rub on the bed and R3 cannot move the right leg or foot independently. On 12/1/15 at 11:45am E4 stated the heel elevator device was given to R3 on 11/30/15 when the wound was discovered. R3 did not have any other devices in place to elevate the heels and R3 cannot move the right foot and leg on her own.	S9999			

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S9999	<p>Continued From page 4</p> <p>On 12/1/15 at 1:15pm, Z1 stated R3 did not develop the necrotic black heel wound in 12-24 hours. The wound was there on 11/30/15 but overlooked by staff who got R3 dressed or showered.</p> <p>On 12/2/15 at 1:20pm, E11(Nurse Aide) stated R3 refused a shower on 11/29/15 and a body check or skin check was not completed.</p> <p>On 12/3/15 at 10am by phone, E12(Nurse Aide) stated if R3 got a shower at night, E12 would have completed a shower sheet. E12 stated R3 had a dressing on her sacrum and a skin tear on the arm, but E12 did not see any other areas of skin breakdown.</p> <p>Skin Management policy - The Braden Scale is the designated risk assessment for (the facility). The Braden Scale will be conducted on admission, when a resident is re-admitted, quarterly or following a change of status. A head to toe observation of the residents' skin will be conducted on admission, readmission, weekly, and during care. Areas of concern will be reported to the nurse and the physician. The care plan is developed based on the individual risks and needs of the resident. Interventions are developed based on the assessment information and are interdisciplinary in content. Preventive measures may include but are not limited to off-loading pressure points.</p> <p>(B)</p>	S9999		